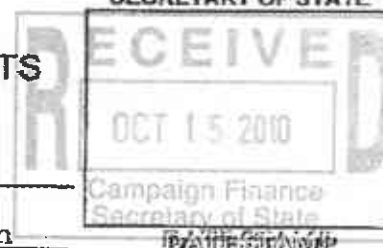


2010 ELECTION CYCLE

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Delbert Hosemann
 SECRETARY OF STATE



Name of Candidate Scott Phillips

Address Post Office Box 3, Columbia, MS 39426 County Marion

Telephone Work (601) 736-9301 Home (601) 270-2257 Fax (601) 736-7537

Contact Name Scott Phillips Email Address phillipslawfirm@bellsouth.net

Office Sought Chancery Judge Dist. 10 Place 2 Political Party _____

☐ Check here if above is different from previous report

____ May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory

____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory

____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory

☒ X October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory

____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory

____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2009).....Runoff Candidates

____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized *	This Period	Calendar Year-To-Date
Total amount of contributions	\$3,000.00+\$ 874.99	\$ 3,874.99	\$ 3,874.99
Total amount of disbursements	\$3,918.50+\$ 120.00	\$ 4,038.58	\$4,038.58
Total amount of cash on hand		\$ 0.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Scott Phillips

October 10, 2010
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2812.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Elect Scott Phillips Page 1 of 2
 Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Guy R. Farmer</u>	<u>10</u> / <u>2</u> / <u>10</u>	\$200.00
Mailing Address <u>807 Corley Lane</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Oxford, MS 38655</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>J E Varner, Jr MD PLLC</u>	<u>9</u> / <u>22</u> / <u>10</u>	\$500.00
Mailing Address <u>117 Seventeen PL.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jeff and Renee Dungan</u>	<u>9</u> / <u>27</u> / <u>10</u>	\$1000.00
Mailing Address <u>1415 Broad Street</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Columbia, MS 39429</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$1000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Molly Carey</u>	<u>10</u> / <u>5</u> / <u>10</u>	\$500.00
Mailing Address <u>2310 Worthington Street</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Maitland, FL 32751</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$500.00

Page 2 of 2Name of Candidate or Committee Committee to Elect Scott Phillips

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Phil and Ann Livingston		6 / 9 / 10	\$ 200.00
Mailing Address 10 Indian Bowl Pt.		___ / ___ / ___	\$
City, State, Zip Code Lumberton, MS 39455		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Wesley M. Breland		9 / 28 / 10	\$ 200.00
Mailing Address 104 Danbury Lane		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39402		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Michael A. Webb		9 / 29 / 10	\$ 400.00
Mailing Address 232 Second Street		___ / ___ / ___	\$
City, State, Zip Code Columbia, MS 39429		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 400.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

Reporting period _____ through October 10, 2010

ITEMIZED DISBURSEMENTS

A. Full name Columbian-Progress		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 318 Second Street		10 / 09 / 10	\$ 84.00
City, State, Zip Code Columbia, MS 39429		__ / __ / __	\$
Purpose of Disbursement (Optional) advertisement		Aggregate Year-to-date	\$ 84.00
B. Full name Speedy Printing & Signs		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1002 Hardy Street		7 / 26 / 10	\$ 211.86
City, State, Zip Code Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional) campaign cards		Aggregate Year-to-date	\$ 211.86
C. Full name Standard Office Supply & Printing Co.		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 950		9 / 17 / 10	\$ 353.10
City, State, Zip Code Hattiesburg, MS 39403-0950		__ / __ / __	\$
Purpose of Disbursement (Optional) campaign cards		Aggregate Year-to-date	\$ 353.10
D. Full name PC Signs		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2534 Commerce BLVD		8 / 19 / 10	\$ 3,269.62
City, State, Zip Code Cincinnati, OH 45241		__ / __ / __	\$
Purpose of Disbursement (Optional) yard signs		Aggregate Year-to-date	\$ 3,269.62
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$